

# EXHIBIT A

**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.

**PRIVACY ACT STATEMENT****AUTHORITY:** 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.**PRINCIPAL PURPOSE:** These records are created and maintained to manage the member's Army and Army National Guard service effectively, to document historically a member's military service, and safeguard the rights of the member and the Army.**NOTE:** For additional information, see the System of Records Notice A0600-8-104b AHRC, <https://dpcl.dod.mil/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570051/a0600-8-104b-ahrc/>.**ROUTINE USE(S):** There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.**DISCLOSURE:** Disclosure is voluntary.**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI) MORGAN, REGAN, A.	Rank/Grade E-6	Date of Counseling 02-Mar-2025
Organization A. CO., 5th Special Forces Group (Airborne)	Name and Title of Counselor MAJ Joseph Simon, Company Commander	

**PART II - BACKGROUND INFORMATION****Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional/Event-Oriented counseling, and include the leader's facts and observations prior to the counseling.)Approach: ☐ Non Directive ☐ Combined ☒ DirectiveType of Counseling: ☒ General Form ☐ Professional Growth ☐ Performance ☐ Event Oriented

Initiation of Separation based on Under Secretary of Defense for Personnel and Readiness Memo, "Additional Guidance on Prioritizing Military Excellence and Readiness," dated 26FEB25

**PART III - SUMMARY OF COUNSELING**

Complete this section during or immediately subsequent to counseling.

**Key Points Discussion:**

On February 26, 2025 the Office of the Under Secretary of Defense for Personnel and Readiness issued guidance on the continued service of Service members with gender dysphoria, or who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria. Per that guidance, individuals who have a current diagnosis or history of, or exhibit symptoms consistent with, gender dysphoria are no longer eligible for military service, with limited exceptions.

Based on the medical treatment plan you previously provided to the Group Commander, you have been diagnosed with gender dysphoria.

Per this guidance, the initiation of separation procedures must begin within 30 days of the Under Secretary's signed guidance. Alternatively, Service members may elect to separate voluntarily within 30 days of the Under Secretary's signed guidance. The memo also directs the Secretary of the Army to update or publish new regulations, policies, and guidance to implement the provisions of the memo, and to ensure reassignment of all Service members subject to this memo are reassigned from Combatant Commands to their respective military services.

At this time, the Secretary of the Army has not published guidance on implementation of this order. As soon as this command receives guidance, we will inform you of the way forward. Separation will be initiated no later than 27 March 2025, in accordance with this memo and any guidance received from the Secretary of the Army.

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

Complete the Following Tasks:

- 1) Mental Examination
- 2) Medical Examination
- 3) CIF turn-in
- 4) SFL-TAP

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees / disagrees and provides remarks if appropriate.)

Individual counseled: ☐ I agree ☒ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled:

MORGAN.REGAN.AVA.1027624029

Digitally signed by MORGAN.REGAN.AVA.1027624029  
Date: 2025.03.02 02:51:24 -06'00'

DATE (YYYYMMDD):

20250302

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Provide Service member with Additional Guidance on Prioritizing Military Excellence and Readiness, dtd 26FEB25  
Assist Service member with the above plan of action, as required

Signature of Counselor:

JOSEPH.ALEXANDER.SIMON.1291200792

Digitally signed by JOSEPH.ALEXANDER.SIMON.1291200792  
Date: 2025.03.02 02:54:44 -06'00'

Date (YYYYMMDD):

20250302

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

#### SIGNATURES

Counselor:

Individual Counseled:

Date of Assessment (YYYYMMDD):

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**